HOSPITAL QUARTERLY				OSHPD Use Only: 1999	9 106		
FINANCIAL AND UTILIZATION RE			PORT	Filed Date:	PM	FAX	
Facility DBA (Doing Business As) Name:				2. OSHPD Facility No	0.:		
3. Street Address: 4. City:				5. Zip Code	<b>)</b> :		
6. Report Prepared By:				7. Preparer's Phone:	Ext:		
8. C	hief Executive Officer (Administrator):	9. Main H	lospital Phone:	10. Disaster Coordina ( )	Ext:		
Line No.	(1) Report Period		port Due Date	(2) Original (Checl	(3) Revis k One)		
15.	January 1 - March 31, 1999	May 15, 1					
16.	April 1 - June 30, 1999	August 14					
17.	July 1 - September 30, 1999		er 14, 1999				
18.	October 1 - December 31, 1999	February					
	Other (Specify: Month/Day/Year)		days of the end				
19.	Begin Date://		rresponding				
20.	End Date://	calendar					
21.	Is this report based on a 13-period acc	counting cyc	cle?		[]Yes	[ ] No	
					199		
			ATA ITEMS		QUAR <sup>*</sup>	TER	
25.	Licensed Beds (end of report period - excluding bassinets and beds in suspense)						
30.	Available Beds (average for report per						
35.	Staffed Beds (average for report period			in suspense)			
	Hospital Discharges (excluding nurser	y discharge	es)				
41.	Medicare						
42.							
43.	County Indigent Programs						
44.	Other Third Parties (including Medicare HMO and Medi-Cal HMO discharges)						
49.	Other Payors						
50.	Total Hospital Discharges (sum of lines 41 thru 49)						
55.							
	Patient (Census) Days (excluding nurs	ery patient	(census) days)	,			
61.	Medicare		, , ,				
62.	Medi-Cal						
63.	County Indigent Programs						
64.							
69.	Other Payors		<u> </u>	,			
70.							
75.	Long-term Care (LTC) Patient Days (included in lines 61 - 70) (Optional)**						
	Outpatient Visits (including ER, Clinic, Referred, Home Health Visits, and Day Care Days)						
81.	Medicare						
82.	Medi-Cal						
83.	County Indigent Programs						
84.	Other Third Parties (including Medicare HMO and Medi-Cal HMO visits)						
89.	,						
90.							
			item is optional.				
	QUESTIONS		CERTIFICATION				
	se contact us at the following address, phon						
number, or FAX number:			I,, certify under penalty of				
			perjury that to the best of my knowledge and information, the				
Patricia Burritt			information reported is true and correct.				
Office of Statewide Health Planning and Development							
Accounting and Reporting Systems Section			By:				
818	818 K Street Room 400						

Title: \_

FAX No: (916) 323-7675

Sacramento, CA 95814 Phone: (916) 323-0875

Date: \_

## **HOSPITAL QUARTERLY FINANCIAL AND UTILIZATION REPORT (Cont'd)**

Facil	ity DBA Name:	1999 Quarter Ending:	OSHPD Facility No.:			
ļ.,						
Line	FINAN	CIAL DATA ITEMS		1999		
No.		QUARTER \$				
100.		Total Operating Expenses (including PPC expenses reported in line 110)				
110.	Physician Professional Component Ex	\$				
404		Gross Inpatient Revenue (including PPC charges)				
121.	Medicare Madi Col			\$		
122.		Medi-Cal				
123.	County Indigent Programs					
124. 129.	Other Third Parties (including Med Other Payors					
130.	Total Gross Inpatient Revenue	\$				
130.	Gross Outpatient Revenue (including	Ψ				
131.	Medicare	\$				
132.	Medi-Cal	Ψ				
133.	County Indigent Programs					
134.		dicare HMO and Medi-Cal HMO)				
139.	Other Payors	Other Third Parties (including Medicare HMO and Medi-Cal HMO)				
140.	Total Gross Outpatient Revenu	ue (sum of lines 131 thru 139)		\$		
	Deductions from Revenue	(04 0 00 0 0.)		<u> </u>		
141.	Medicare Contractual Adjustments	8		\$		
142.	Medi-Cal Contractual Adjustments	*				
143.	Disproportionate Share Payments	(				
145.	County Indigent Programs Contra	,				
146.	Other Third Parties Contractual A					
147.	Provision for Bad Debts (including					
148.	Charity - Hill-Burton					
149.	Charity - Other					
150.	Restricted Donations and Subsidie	( )				
151.	Teaching Allowance (for U.C. teach					
152.		Clinical Teaching Support (for U.C. teaching hospitals only)				
155.	Capitation Premium Revenue	(				
159.	Other Adjustments and Allowance					
160.	Total Deductions from Revenu	\$				
	Net Patient Revenue (Gross Patient R					
161.	Medicare	\$				
162.	Medi-Cal					
163.	County Indigent Programs					
164.	Other Third Parties					
169.	Other Payors		. !' 4.40 . !' 400\	Φ.		
170.	1	m of lines 161 thru 169) (Line 130	+ line 140 - line 160)			
180.	Other Operating Revenue	vetion Eveneses		\$		
185.	Nonoperating Revenue Net of Nonoperating Expenses  Total Capital Expenditures (evaluding dispessal of assets)			\$		
190. 195.	Total Capital Expenditures (excluding disposal of assets)			\$		
200.	Fixed Assets Net of Accumulated Depreciation (including construction-in-progress)  Disproportionate Share Funds Transferred to Related Public Entity**			\$ \$		
∠∪∪.	Purchased Inpatient Services	Ψ				
205.	Discharges (Not included in lines	41 thru 50\**				
210.	Patient Days (Not included in lines					
215.	Expenses (included in line 100)**	\$				
220.	Revenue (included in line 100)**			\$		
ZZU.	Meveriue (included in lines 121 thi	u 100)		Ψ		

Note: Effective with calendar quarters ended on or after March 31, 1994, all hospitals are required to prepare this quarterly report using the Office-provided Hospital Quarterly Reporting System (HQRS) software and to submit the report by modem to the Office's Bulletin Board System, unless the Office has granted approval in writing to submit this report using this standard report form or the HQRS-produced facsimile report.

<sup>\*\*</sup> The reporting of this item is optional.